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13. ABSTRACT *(Maximum 200 Words)*

Breast cancer is the second leading cause of cancer death in women in the United States and thus it is important to study the psychosocial impact of treating this disease. A large body of literature supports the health benefits associated with both written and oral disclosure of emotional traumas in healthy populations. The proposed research is a controlled, randomized trial to test the effectiveness of two types of emotional disclosure interventions. One hundred fifty early stage, breast cancer patients will be randomly assigned to one of three conditions: cancer-specific disclosure, non-cancer related disclosure, or a control. During the intervention, participants will write on three occasions about either their deepest thoughts and feelings about their cancer diagnosis and treatment, their deepest thoughts and feelings about a non-cancer related traumatic event, or a superificial topic. Currently, 73 breast cancer patients are enrolled in the study. Measures of physical and emotional well-being are collected via telephone at baseline, one month, and six months following the intervention. A one year no- cost extension has been requested and approved to enroll more participants. The results from this study have important implications for psychosocial care of breast cancer patients and may inform future interventions for improving women's health.

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INTRODUCTION

Breast cancer is the second leading cause of cancer death in women in the United States and thus it is important to study the psychosocial impact of treating this disease and potential ways to improve women's quality of life during treatment. A large body of literature supports the health benefits associated with both written and oral disclosure of emotional traumas in healthy populations. However, no published studies have investigated the effects of writing about emotional topics in breast cancer patients. The proposed research is a controlled, randomized trial to test the effectiveness of two types of emotional disclosure interventions. One hundred fifty early stage, breast cancer patients will be randomly assigned to one of three conditions: cancer-specific disclosure, non-cancer related disclosure, or a control. During the intervention, participants will write on three occasions about either their deepest thoughts and feelings about their cancer diagnosis and treatment, their deepest thoughts and feelings about a non-cancer related traumatic event, or a superificial topic. Measures of physical and emotional well-being will be collected via telephone at baseline, one month, and six months following the intervention. Medical charts will be reviewed to collect information about date of diagnosis, stage of cancer, type of surgery, type of treatment, and duration of treatment. The results from this study have important implications for psychosocial care of breast cancer patients and may inform future interventions for improving women's health.

BODY

Due to the federally mandated work stoppage from December 1999 to May 2000, Ms. Figueiredo requested a one year no cost extension for the current project to continue through June 2002. At this time, 73 breast cancer patients have signed informed consent forms and have been enrolled in the study. Ms. Figueiredo has reviewed 73 charts for initial cancer variables (e.g., treatment, surgery, date of diagnosis, stage of cancer, etc.) and 73 baseline telephone interviews have been administered. Currently, 54 patients have completed the one-month follow up telephone interview and 32 patients have completed the six-month follow up telephone interview. Currently, Ms. Figueiredo has reviewed 32 patient charts at the six month follow up. The 32 patients who have completed the six month follow up interview have been sent study compensation and a letter informing them that a summary of the results will be forthcoming. Patients are being tracked to ensure follow up interviews are conducted in a timely fashion. At this time about half of the total expected participants are enrolled. Participant recruitment has proceded slower than expected as about one third of eligible patients haved declined to participate. Reasons for refusal include lack of interest, reluctance to write about life experiences, or time constraints that preclude involvement. It is projected that it will take 8-10 more months to enroll the rest of the participants and another no-cost extension (2-4 months) may need to be requested in order to complete analyses and manuscripts.

One of the research assistants enters survey data into the databases as surveys are completed. A second research assistant transcribes the essays from the intervention and saves them in computerized text files. Both survey data and essays are entered as soon as they are completed.

In January 2001, Ms. Figueiredo conducted preliminary data analyses on the main hypotheses. The results did not reach appropriate signficance levels but they were in the expected direction. Further analyses on the baseline data will be conducted and presented at the DOD Era of Hope Meeting scheduled for September 11 – 14, 2001.

Ms. Figueiredo meets with her advisor, Elizabeth Fries for one to two hours each week to discuss progress, ideas for manuscripts, and ideas for future research. She worked closely with her advisor on developing a poster proposal which was accepted for the American Psychological Association Women's Health Conference to be held October 4-6, 2001. In March 2001, Ms. Figueiredo attended the annual meeting of the Society of Behavioral Medicine where she was exposed to health psychology researchers and speakers on psychological distress and quality of life in breast cancer patients

In addtion to the grant activities, the principal investigator participates in a variety of activities which enhance her pre-doctoral training. She has attended the Massey Cancer center research seminars on Wednesdays from 12-1 pm. As part of her clinical practicum, Ms. Figueiredo received inpatient and outpatient referrals from physicians, clinical nurse specialists, and genetic counselors. She provided supportive and problem-solving counseling before and after patient surgical procedures, and for outpatient chemotherapy or radiation patients. She referred patients to support groups and other resources as necessary and was available by page for emergencies and referrals to consult with genetic counselors and medical team to coordinate care. In addition, she co-led a monthly support group for gynecological cancer patients at Stony Point Medical Center. She has also co-led a two-session prepared family caregiver course for cancer patients, family, and friends. In October 2000, she attended the American Cancer Society "I Can Cope" Training program and was certified as an "I Can Cope" facilitator. In tandem with a medical social worker at the Hanover Medical Park, she facilitated four psycho-educational sessions for cancer patients and their family members. A licensed clinical psychologist provided her weekly supervision. Ms. Figueiredo applied for and received a one year predoctoral residency in health psychology at the Rush Presbyterian St. Luke's Medical Center for the 2001-2002 academic year.

KEY RESEARCH ACCOMPLISHMENTS

- Additional research assistant hired and trained
- Accrual on-going
- Data entry on-going
- Transcription of essays
- Preliminary analyses conducted
- 73 patients enrolled in study
- 73 patient charts reviewed
- 73 patients completed baseline survey
- 54 patients completed one-month follow-up survey to date
- 32 patients completed six-month follow-up survey to date
- 32 patient charts reviewed for six month follow-up

REPORTABLE OUTCOMES

Applied for and received one year pre-doctoral health psychology residency at Rush Presbyterian St. Luke's Medical Center for 2001-2002 academic year.
Presentation of baseline data planned for Era of Hope Meeting Sept 11-14, 2001